



OFFICE OF COUNTY PURCHASING AGENT  
Fort Bend County, Texas

Term Contract Renewal Form

Solicitation #: Bid 14-031

Title: Term Contract for Fuel Treatment Program

Contracted Vendor: Certified Labs

Toni Boyd and/or Shea Holder,

Our contract with your company for the above referenced expires March 31, 2018. Contract provisions allow for renewal of this contract if mutually agreeable.

If your company wishes to renew this contract through March 31, 2019 under the same terms and conditions, please complete the information below and return this form along with a Form 1295 by e-mail to [cheryl.krejci@fortbendcountytexas.gov](mailto:cheryl.krejci@fortbendcountytexas.gov). Purchasing will then take the matter before the Commissioner's Court of Fort Bend County for their consideration. Please respond to this email by December 8, 2017, 1:00 PM.

(TB) Yes, I agree to renewing our agreement with Fort Bend County under the same terms and conditions.

No, I do not wish to renew our agreement with Fort Bend County.

If Yes, please provide a Form 1295 along with this renewal form by replying to this email.

Effective January 1, 2016 all contracts executed by Commissioners Court, regardless of the dollar amount, will require completion of Form 1295 "Certificate of Interested Parties", per the new Government Code Statute §2252.908. All vendors submitting a response to a formal Bid, RFP, SOQ or any contracts, contract amendments, extensions or renewals are required to complete the Form 1295 online through the State of Texas Ethics Commission website. Please visit:

[https://www.ethics.state.tx.us/whatsnew/elf\\_info\\_form1295.htm](https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm).

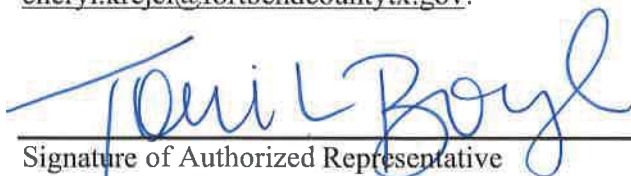
On-line instructions:

Name of governmental entity is to read: Fort Bend County.

Identification number used by the governmental entity is: B14-031.

Description is to read: Term Contract for Fuel Treatment Program.

After receiving the Form 1295 with the Certification Number and Date Filed, please print the form, have notarized and sign, then email the Form 1295 and this Term Contract Renewal Form to [cheryl.krejci@fortbendcountytexas.gov](mailto:cheryl.krejci@fortbendcountytexas.gov).



12/1/17

Signature of Authorized Representative

Date

Toni L. Boyd, Corporate Bid Manager

Printed Name and Title of Authorized Representative

**Fort Bend County Tabulation  
 Bid 14-031  
 Term Contract for Fuel Treatment Program**

**Term: April 1, 2014 through March 31, 2015**

**Awarded 3/4/14: Certified Labs, Division of NHC Corp**

**Renewal Term: April 1, 2015 through March 31, 2016**

**Renewal Term: April 1, 2016 through March 31, 2017**

**Renewal Term: April 1, 2017 through March 31, 2018**

**Awarded 3/4/14: Certified Labs, Division of NHC Corp**

Company	Certified Labs Irving
<b>Gasoline Additive: Lawson #7460</b>	
Additive, per gallon	\$39.95
Biocide/Fungicide, per gallon	No Charge
Fuel testing, per test	No Charge
Solar pump, per each	No Charge
<b>Diesel Additive: Lawson #7461</b>	
Additive, per gallon	\$49.50
Biocide/Fungicide, per gallon	No Charge
Fuel testing, per test	No Charge
Solar pump, per each	No Charge

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	<b>OFFICE USE ONLY CERTIFICATION OF FILING</b>
<b>1 Name of business entity filing form, and the city, state and country of the business entity's place of business.</b> Certified Laboratories, a division of NCH Corporation Irving, TX United States	Certificate Number: 2017-289594  Date Filed: 12/01/2017
<b>2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.</b> FORT BEND COUNTY	Date Acknowledged:

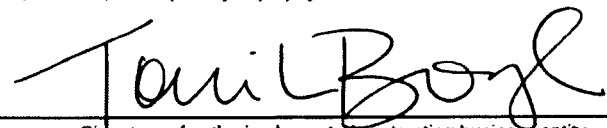
**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**

B14-031  
 TERM CONTRACT FOR FUEL TREATMENT PROGRAM

4	Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
			Controlling	Intermediary

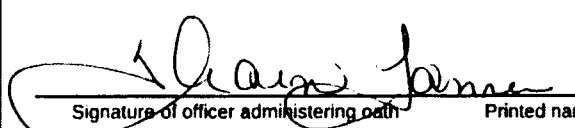
**5 Check only if there is NO Interested Party.**

**6 AFFIDAVIT** I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

  
 \_\_\_\_\_  
 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Toni Boyd, this the 1st day of December 2017, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

Printed name of officer administering oath: SHARON TANNER  
 Notary Public, State of Texas  
 ID # 70798  
 My Comm. Exp. April 17, 2021

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY  
 CERTIFICATION OF FILING**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
 Certified Laboratories, a division of NCH Corporation  
 Irving, TX United States

**Certificate Number:**  
 2017-289594

**Date Filed:**  
 12/01/2017

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
 FORT BEND COUNTY

**Date Acknowledged:**  
 12/19/2017

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**  
 B14-031  
 TERM CONTRACT FOR FUEL TREATMENT PROGRAM

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

**5 Check only if there is NO Interested Party.**

**6 AFFIDAVIT** I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

\_\_\_\_\_  
 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath